

SENATE AMENDMENTS

2nd Printing

By: S. Davis of Harris, Collier

H.B. No. 1605

A BILL TO BE ENTITLED

AN ACT

1
2 relating to the establishment of a pilot program in Harris County to
3 provide maternity care management to certain women enrolled in the
4 Medicaid managed care program.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

6 SECTION 1. Subchapter B, Chapter 531, Government Code, is
7 amended by adding Section 531.0996 to read as follows:

8 Sec. 531.0996. PREGNANCY MEDICAL HOME PILOT PROGRAM. (a)

9 The commission shall develop and implement a pilot program in
10 Harris County to create pregnancy medical homes that provide
11 coordinated evidence-based maternity care management to women who
12 reside in the pilot program area and are recipients of medical
13 assistance through a Medicaid managed care model or arrangement
14 under Chapter 533.

15 (b) In developing the pilot program, the commission shall
16 ensure that each pregnancy medical home created for the program
17 provides a maternity management team that:

18 (1) consists of health care providers, including
19 obstetricians, gynecologists, family physicians, physician
20 assistants, certified nurse midwives, nurse practitioners, and
21 social workers, in a single location;

22 (2) conducts a risk-classification assessment for
23 each pilot program participant on entry into the program to
24 determine whether her pregnancy is considered high- or low-risk;

1 (3) based on the assessment under Subdivision (2),
2 establishes an individual pregnancy care plan for each participant;
3 and

4 (4) follows the participant throughout her pregnancy
5 in order to reduce poor birth outcomes.

6 (c) The commission may incorporate financial incentives to
7 health care providers who participate in a maternity management
8 team as a component of the pilot program.

9 (d) Not later than January 1, 2015, the commission shall
10 report to the legislature on the progress of the pilot program. The
11 report must include:

12 (1) an evaluation of the pilot program's success in
13 reducing poor birth outcomes; and

14 (2) a recommendation as to whether the pilot program
15 should be continued, expanded, or terminated.

16 (e) The executive commissioner may adopt rules to implement
17 this section.

18 (f) This section expires September 1, 2017.

19 SECTION 2. If before implementing any provision of this Act
20 a state agency determines that a waiver or authorization from a
21 federal agency is necessary for implementation of that provision,
22 the agency affected by the provision shall request the waiver or
23 authorization and may delay implementing that provision until the
24 waiver or authorization is granted.

25 SECTION 3. This Act takes effect September 1, 2013.

ADOPTED

MAY 20 2013


Secretary of the Senate

By: Hoffman

H.B. No. 1605

Substitute the following for H.B. No. 1605:

By: Dewell

C.S. H.B. No. 1605

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15 (b) In developing the pilot program, the commission shall
16 ensure that each pregnancy medical home created for the program
17 provides a maternity management team that:

18 (1) consists of health care providers, including
19 obstetricians, gynecologists, family physicians or primary care
20 providers, physician assistants, certified nurse midwives,
21 advanced practice registered nurses, and social workers, in a
22 single location;

23 (2) conducts a risk-classification assessment for
24 each pilot program participant on entry into the program to

1 determine whether her pregnancy is considered high- or low-risk;

2 (3) based on the assessment under Subdivision (2),
3 establishes an individual pregnancy care plan for each participant;
4 and

5 (4) follows the participant throughout her pregnancy
6 in order to reduce poor birth outcomes.

7 (c) The commission may incorporate financial incentives to
8 health care providers who participate in a maternity management
9 team as a component of the pilot program.

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11 report to the legislature on the progress of the pilot program. The
12 report must include:

13 (1) an evaluation of the pilot program's success in
14 reducing poor birth outcomes; and

15 (2) a recommendation as to whether the pilot program
16 should be continued, expanded, or terminated.

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18 this section.

19 (f) This section expires September 1, 2017.

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21 a state agency determines that a waiver or authorization from a
22 federal agency is necessary for implementation of that provision,
23 the agency affected by the provision shall request the waiver or
24 authorization and may delay implementing that provision until the
25 waiver or authorization is granted.

26 SECTION 3. This Act takes effect September 1, 2013.

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 83RD LEGISLATIVE REGULAR SESSION

May 21, 2013

TO: Honorable Joe Straus, Speaker of the House, House of Representatives

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB1605 by Davis, Sarah (Relating to the establishment of a pilot program in Harris County to provide maternity care management to certain women enrolled in the Medicaid managed care program.), **As Passed 2nd House**

No significant fiscal implication to the State is anticipated.

The bill adds Section 531.0996, Government Code, which would require the Health and Human Services Commission (HHSC) to develop and implement a pilot program in Harris County to create pregnancy medical homes for women enrolled in Medicaid managed care under Chapter 533, Government Code. Each pregnancy medical home created would be required to provide a maternity management team and the bill authorizes HHSC to incorporate financial incentives to providers participating in the maternity management teams. HHSC would be required to report to the legislature on the progress of the pilot no later than January 1, 2015. Section 531.0996, Government Code, as added by the bill would expire September 1, 2017.

According to HHSC, any costs related to systems modifications, contract amendments, adoption of rules, evaluation of the pilot program, and reporting are not expected to have a significant fiscal impact and any costs can be absorbed within the existing resources of the agency. It is assumed that any costs related to provider reimbursement and incentive payments would be offset by savings from improved birth outcomes; however, discretion for setting these payment rates would be with HHSC and expenditures could exceed savings since the bill does not include a requirement for cost-effectiveness. The fiscal impact would be further affected by the number of providers and women participating and the effectiveness of the pilot program, none of which can be determined at this time.

Local Government Impact

Because the bill would not have statewide impact on units of local government of the same type or class, no comment from this office is required by the rules of the House/Senate as to its probable fiscal implication on units of local government.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, SD, KKR, CL, LR, NB

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 83RD LEGISLATIVE REGULAR SESSION

May 12, 2013

TO: Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB1605 by Davis, Sarah (Relating to the establishment of a pilot program in Harris County to provide maternity care management to certain women enrolled in the Medicaid managed care program.), **Committee Report 2nd House, Substituted**

No significant fiscal implication to the State is anticipated.

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Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, KKR, CL, LR, NB

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 83RD LEGISLATIVE REGULAR SESSION

May 3, 2013

TO: Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB1605 by Davis, Sarah (Relating to the establishment of a pilot program in Harris County to provide maternity care management to certain women enrolled in the Medicaid managed care program.), **As Engrossed**

No significant fiscal implication to the State is anticipated.

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Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, CL, LR, NB

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 83RD LEGISLATIVE REGULAR SESSION

April 8, 2013

TO: Honorable Lois W. Kolchhorst, Chair, House Committee on Public Health

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB1605 by Davis, Sarah (Relating to the establishment of a pilot program in Harris County to provide maternity care management to certain women enrolled in the Medicaid managed care program.), **As Introduced**

No significant fiscal implication to the State is anticipated.

The bill adds Section 531.0996, Government Code, which would require the Health and Human Services Commission (HHSC) to develop and implement a pilot program in Harris County to create pregnancy medical homes for women enrolled in Medicaid managed care under Chapter 533, Government Code. Each pregnancy medical home created would be required to provide a maternity management team and the bill authorizes HHSC to incorporate financial incentives to providers participating in the maternity management teams. HHSC would be required to report to the legislature on the progress of the pilot no later than January 1, 2015. Section 531.0996, Government Code, as added by the bill would expire September 1, 2017.

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